

RUTHERFORD COUNTY ELECTION COMMISSION

1 SOUTH PUBLIC SQUARE, SUITE 103 | MURFREESBORO, TENNESSEE 37130-8001 Phone: (615) 898-7743 | Facsimile: (615) 217-7144 Email: absentee@rutherfordcountytn.gov



| *Print Last Name: | | * First Name: | | Middle Initial: |
|---|--|---|----------------------------|---|
| * Rutherford Cour | nty Residential Addr | ress: 3. * Mail My Al | osentee Ballot to Th | nis Address: |
| *Social Security N | umber: | *5. Date of Birth | n: E | mail: |
| | | ECEIVE for AUGUST | | |
| | | DEMOCRATIC or | | |
| | & County General | & County General | county Genera | |
| | - | ee Is (Please Check One | a)• | LAST DAY TO REQUEST: completed form must be in |
| I am sixty (60) years of age or older. | | | | RCEC office for processing on: |
| | | all hours of early voting | (July 17- Aug 1) an | July 30, 2020 |
| I am hospitalized, | ill, or physically disa he COVID-19 situation | | ve determined it is i | mpossible or unreasonable to vote |
| | | r physically disabled per he COVID-19 situation. | | letermined it is impossible or |
| include mailing ac | ddress outside county |). | | where I am registered to vote (mus |
| outside county, ev | ven if emailing ballot) | | _ | Act (must include mailing address |
| Ballot to be sent | : □ By Mail □ Electro | onically, Email Address: | | (Military/ Overseas Only) omiciliary care, i.e. Nursing Home |
| I reside in a licens | sed facility, outside th | e county, providing rela | tively permanent do | omiciliary care, i.e. Nursing Home |
| | ling address outside o | • / | 1 | |
| | | olling place is inaccessib | | 1 '1 |
| | | on for which I am apply | ing to vote absentee | by mail. |
| _ | on jury duty in state or | | of the election com | mission on Floation Day |
| _ | | prevents me from voting | | mission on Election Day. |
| • | • | | • | n Day. ., or have a Transportation Worke |
| | | | | Election Day. I do not have a |
| | | ve mail during this time. | | Dieetion Day. I do not have a |
| • | is a copy of the CDL | • | | |
| otice: A person who applies | | o is not entitled to do so commits | a felony punishable by not | less than two (2) years nor more than twelve |
| the undersigned, under | the penalty of perjury, do | swear or affirm that the info | ormation contained in th | his document is true and correct to the b |
| | I am eligible to vote in the | | | |
| *Signature of Vote | r: Original Signature REQUIRED | * | Phone Number: | |
| Y | OU CAN EMAIL YOUF | R COMPLETED REQUEST | ΓΤΟ <u>absentee@ruther</u> | fordcountytn.gov |
| If voter required | d assistance or is unable to | o sign their name or make a m | ark, the person assisting | and one witness must also sign: |
| vame of person assisting: Signature: | | 2) Name of Person W: Signature: | itnessing: | |
| Address: | | Address: | | |
| | | | | |
| | | Office Use Only nanent registration records and □ ARE | | |